STATE EMERGENCY RESPONSE COMMISSION EMERGENCY PLANNING & COMMUNITY RIGHT-TO-KNOW

pg. 1 of 2	Section 311 Report	Date Submitted 2-19-88
Check if this i	s a revision to a previous 311 r	eport. 1
Carroll County	Burns Cold Forge 3 Facility Name	Masco Industries, Inc. Corporate Name
	Masco Industries, Inc. Division 9312 Arrow Rd. NW	P.O. Box
	Street Address Minerva, Ohio 44657	Street Corporate Address/Zip
·	(3) City 21p	(if different than the mailing address)
J. William Mills Facility E.R. C	oordinator	(216) 832-2618 Phone No.(s)
S. E. Williams (7) Alternate Facil		(216) 868-7795 24 Hour Emergency Number
<u> </u>	F COMPANY OFFICIAL	
I certify that all	statements made by me are true, ledge. I am aware that there are information. **Discourant Date 2-19-8:	re significant penalties Phone
Name(print) Gary 1	. BlasimanTitle	Project Engineer
P.O. Box 1049, Colu	to SERC at the Ohio EPA, 1800 to seed a combus, Ohio 43266-0149. Send a componse planning committee and you	copy to your county
		US EPA RECORDS CENTER REGION 5
OHIO REQUESTED INFO		456508
Fire Dept.Phone Municipality/Tw	(216) 868-4177 (11) Num	ber of employees usually the facility 100
Location and Furthe	er Identification of Facility Na	med Above:
81° - 10' - 00"	40° - 42' - 48" S13217-00	3462
10ngitude	latitude (13) I.D.	No. SIC
NO66*AD NPDES #	(13) Pretreatment # (17) Haza	47 rdous # (18) Air #

IDENTIFICATION			FACILITY	IDENTI	FICATIO	N									
NUMBER	NAME Burns Cold I	IAME Burns Cold Forge CITY, STATE, ZIP Minerva, Ohio 44657													
	ADDRESS 9312 Arrow	Rd. NW				COUNTY	, Ca	rroll							
	CHEMICAL DESCRIPTION				ZARD C	ATEGOR	IES	LOCATION OF CHEMICALS					AMOUNT		
CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	LENTS WICAL	SOLID	ACUTE	CHRONIC	FIRE	SUDDEN RELEASE OF PRESSURE	BUILDING OR TANK NUMBER	DIVISION OR ROOM LOCATION	FLOOR	STORAGE	TEMP & PRESSURE CONDITIONS	MAXIMEM	AVERAGE	GALS. OR PNDS. OR CU. FT.
7664-93-9	Sulfuric Acid	X X		Х	х	х		B01	W	1 5	E			03	Ga1
NONE	Gasoline	X	х	Х	х :	x		T01		В 5	В	1,4	05.	05	Ga1
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CATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS): I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS MEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION STRUE, ACCURATE, AND COMPLETE.

**Gary L. Blasiman Project Engineer*

· Gary L. Blasiman * Gary L. Blasiman Project Engineer

NAME AND OFFICIAL TITLE OF OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED

ATTACHMENTS ⊠I HAVE ATTACHED A FACILITY MAP **OTHER ATTACHMENTS**

